

Company Name: _____ Date: _____

Safekeeping Account No: _____ Bank: _____

Part A - Company Request

We, the undersigned officers, having been duly authorized by the company represented above, pursuant to KRS 304.8- 180(1), to order deposits and withdrawals of assets, do hereby request the following security transaction(s) be completed (*signatures below should match the Election Form on file with the KY Dept. of Insurance and both are required to process a transaction*).

(1) _____ (2) _____
Signature Signature

Print Name of Officer Title Print Name of Officer Title

SECURITIES TO BE DEPOSITED

*Par Value, No. of Shares, Principal Balance	CUSIP #	Description of Bond, Stock Mortgage Note or Property	Interest Rate	Maturity Date	Deposit Amount <i>At Market</i>

SECURITIES TO BE WITHDRAWN (OR MATURED)

*Par Value, No. of Shares, Principal Balance	CUSIP #	Description of Bond, Stock Mortgage Note or Property	Interest Rate	Maturity Date	Withdrawn Amount <i>At Market</i>

Ending Market value must equal or exceed the amount required on Form 147 Worker's Comp Group Security Deposit held Under Safekeeping

Part B – Department of Insurance Approval

The aforementioned security transaction(s) are hereby approved for execution by the designated bank effective:

Date: _____

Signature: _____

Sharon P. Clark, Commissioner
Kentucky Department of Insurance**Part C - Custodian Bank's Certification**

The aforementioned transaction(s) were completed:

Date: _____

Custodian Bank

Representative Signature

Title

FORM INSTRUCTIONS TO INSURANCE COMPANIES:

1. Submit one copy of this form to the Department of Insurance- Financial Standards and Examination Division by mail, fax (information listed in heading above), or electronically by sending to DOI.FinancialStandardsMail@ky.gov
2. Complete only Part A of this form, leaving Parts B and C blank.